



## Youth Tobacco Education Pre-program Survey

The information on this form is being collected to check whether the activity you are participating in is helpful and effective for most people. The information you give us will help to plan and provide better programs, so please answer the questions thoughtfully. The information you provide is voluntary – you can skip any questions you don't want to answer, and you can stop at any time.

You are being asked to fill in this form before you start, and, again, after you finish this program. Your name and birth date will **not** be connected to the answers you give on these forms. Please be sure to tear off the bottom part of this page **before** you hand back the filled out form. This will ensure that nobody knows which survey is yours.

### Tell Us About Yourself

Official Test Date: \_\_\_\_\_  
(Month) (Day) (Year)

What City do you live in? \_\_\_\_\_

What County do you live in? \_\_\_\_\_

What is your Zip Code? \_\_\_\_\_

What school do you go to? \_\_\_\_\_

*Fold and tear at the dotted line below to remove the bottom section, which you should destroy. Be sure you have put the correct numbers and letters in the boxes. The top section should stay attached to the survey and given to your instructor.*

### Name Code:

	Number		Number		Number		Number		Number		
<hr/>											
		Birth Date									
		Month		Day		Year					
										Male / Female	
<hr/>											
First Name				MI	Last Name						



1. **Do you think that you will try a cigarette soon?**
  - A. I have already tried smoking a cigarette
  - B. Yes
  - C. No
  
2. **Do you think that you will smoke a cigarette anytime during the next year?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
  
3. **If one of your best friends offered you a cigarette, would you smoke it?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
  
4. **Do you think that smoking cigarettes makes people your age look cool or fit in?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
  
5. **Do you think that people your age risk harming themselves if they smoke from 1-5 cigarettes per day?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
  
6. **Do you think that smoke from other people's cigarettes (secondhand smoke) is harmful to you?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No



**The last questions ask for more information about you. Your answers are confidential. You do not have to answer these questions.**

- 7. What kinds of grades do you usually get in school?**
- A. I am not in school
  - B. Mostly As and Bs
  - C. Mostly Bs and Cs
  - D. Mostly Cs and Ds
  - E. Mostly Ds and Fs
- 8. What is your Race or Ethnic group? (check all that apply)**
- A. African American/Black
  - B. Asian/Pacific Islander
  - C. Caucasian/White
  - D. Hispanic/Latino
  - E. Native American/Alaskan Native
- 9. Are you:**
- A. Male
  - B. Female
- 10. How old are you?**
- A. 12 or younger
  - B. 13 - 15
  - C. 16 - 17
  - D. 18 or older

***THANK YOU FOR TAKING THIS SURVEY!***